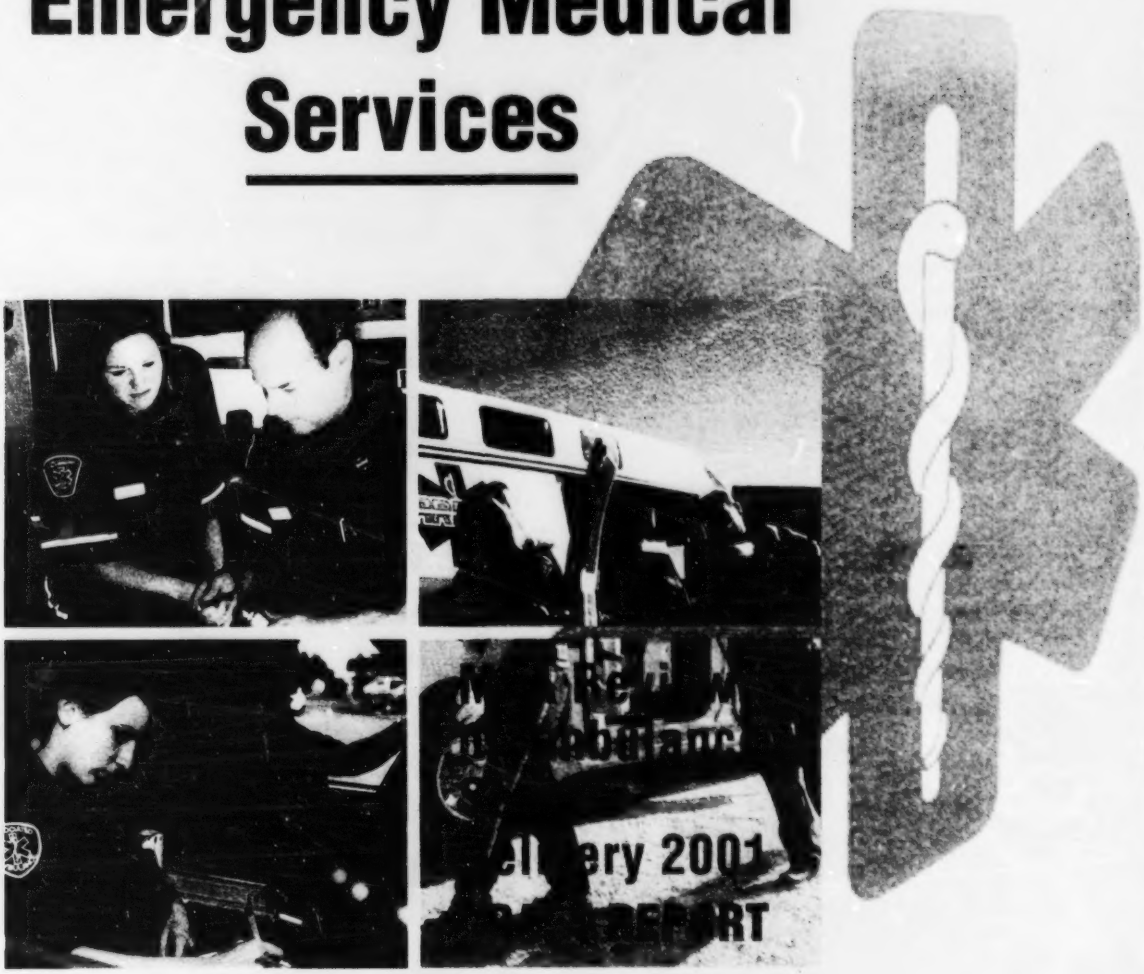
# Patient-Focussed Emergency Medical Services



Harvey Cenaiko, Chair
MLA, Calgary Buffalo

Luke Ouellette
MLA, Innisfail-Sylvan Lake

Alberta
GOVERNMENT OF ALBERTA

LEGISLATIVE ASSEMBLY
ALBERTA

**Harvey Cenaiko, M.L.A.**
Calgary Buffalo Constituency

May 23, 2002

Dear Stakeholder,

It is our pleasure to submit to you our draft report, *"Patient-Focussed Emergency Medical Services"* for your consideration and feedback.

In our report, we have attempted to strike a balance between guaranteeing quality service for all Albertans, while controlling costs. We appreciate your previous participation, and your further input is now crucial for us to complete our recommendations to government.

As members of the MLA review team, our task was to meet with stakeholders and then provide advice and recommendations addressing the future of governance and delivery of ground ambulance services in the province. With your assistance, we now move to the final stage of that process – written feedback on the report recommendations.

To assist us in compiling your responses quickly and accurately, we have developed a questionnaire based on the recommendations. Please send us your detailed responses by July 15 by logging on to http://www4.gov.ab.ca/ma/consultationg/ to complete the attached questionnaire on line. Those who do not have electronic access, please send your response by mail to: Harvey Cenaiko, c/o Emergency Health Services, Alberta Health and Wellness, 11th Floor, Telus Plaza North Tower, 10025 Jasper Avenue, Edmonton AB, T5J 2N3.

If you have any questions please call Marty Scott at Emergency Health Services, (780) 422-9632.

On behalf of fellow MLA Luke Ouellette and myself, we appreciate the opportunity to have participated in this important project and we thank you for your continuing participation.

Sincerely,

Harvey Cenaiko
Chair

cc. Luke Ouellette, MLA, Innisfail-Sylvan Lake

Enclosure

**Edmonton Office:** 637 Legislature Annex, Edmonton, Alberta T5K 1E4 Ph. (780) 415-9573 Fx. (780) 415-0951
**Constituency Office:** #130, 1177 - 11th Avenue S.W., Calgary, Alberta T2R 1K9 Ph. (403) 244-7737 Fx. (403) 541-9106

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# EXECUTIVE SUMMARY

Objectives were to provide options regarding future governance and delivery of ground ambulance services, and to recommend a means by which Emergency Medical Services (EMS) could be deemed essential. A discussion paper requesting stakeholder feedback on critical topics was distributed. Over a period of three months the Review Team held more than 70 meetings (four of which were public) and traveled over 15,000 kilometres.

## Issues and Pressures

Ambulance service has become an integral component of front-line health care. Highly trained professionals treat life-threatening conditions in what is more accurately termed Emergency Medical Services (EMS). Health care now begins when you dial 911.

Technological advances and a rapidly growing population with high expectations are increasing pressure on municipalities, RHAs, operators, practitioners and the province to provide well-coordinated and responsive services. As a result, different areas of the province receive different levels of service.

The current funding structure lacks accountability due to the complex combination of fees-for-service and municipal and provincial funding. Charges to patients vary considerably depending on the distance traveled, the amount of the municipal grant, whether or not the patient is insured, and other factors.

Many municipalities told us that if fundamental governance and funding issues were not addressed soon, they would be forced to stop providing ambulance services.

Maintaining uninterrupted ground ambulance service is vital to the safety and well being of all Albertans. Future labour disputes should not jeopardize public safety.

# REVIEW TEAM RECOMMENDATIONS

These recommendations represent a fundamental reorganization and shift in ambulance service delivery.

1) **Ambulance Service is Health Care** – Municipalities have a strong historical commitment to providing ambulance service. Recognizing that ambulance service has evolved into an integral component of a comprehensive health care system, RHAs should be formally linked into governance of services. We recommend the Minister of Health and Wellness provide leadership in restructuring governance by creating formal partnerships between municipalities and RHAs.

2) **Emergency Medical Services (EMS) Board** – We recommend the Province establish an Emergency Medical Services Board with five districts aligning with existing municipal and RHA boundaries. Legislation would create a structure for municipal and RHA membership and establish accountability to the Minister of Health and Wellness. To provide local service in an effective manner, EMS Districts would receive provincial funding from the EMS Board and municipal funding from within the district. EMS Districts would fund delivery of ambulance services within their area.

3) **Preparedness Funding with a Provincial Fee** – Current funding should be reallocated from provincial departments to provide appropriate standby capacity. This preparedness funding, in which funds are allocated in advance of billing, is required to move from a revenue-driven model to a patient-focused system.

Ambulance service is not insured by Alberta Health and Wellness. Ambulance bills should be equalized across the province. We recommend the maximum charge for an ambulance service be set at $200. To partially finance this uninsured service, health care premiums should increase by five per cent ($2 per month for single Albertans; $4 per month for families).

4) **Resolution of Labour Disputes –** We recommend that the Province amend the *Labour Relations Code* so that compulsory arbitration provisions outlined in Section 94(1) also apply to EMS personnel and their employers.

5) **EMS Practitioner Roles –** We strongly believe EMS practitioners have skills to complement those of other health providers. We recommend utilizing EMS practitioners in co-operation with other health care providers so they may maintain their skills, ease resource pressures, and aid in training new EMS personnel.

6) **Establish the Minimum Level of Service as Basic Life Support (BLS) –** We commend the evolution of ambulance service toward BLS and recommend the Minister of Health and Wellness now permit the operation of a lower level of service only in exceptional cases. EMS Districts must also ensure their residents have reasonable access to Advanced Life Support (ALS).

7) **Transportation Co-ordination –** We recommend standards detailing transportation of inter-hospital transfer patients not requiring ambulances, standards for ambulance dispatch centres, a provincial dispatch centre to co-ordinate the transfer of patients between regions, and a provincial radio and global positioning system.

8) **Medical Direction and Practitioner Competency –** We recommend establishing clear professional roles (with remuneration recommendations) for medical directors, standardizing regional medical protocols, expanding training grants for practitioners, and establishing benchmarks for ambulance reporting.

9) **Transition Task Force –** We recommend the Minister of Health and Wellness appoint an MLA-led transition task force with municipal and RHA representatives that will ensure stakeholders implement the recommendations in this report.

# I. INTRODUCTION

In response to numerous requests from stakeholders, the Minister of Health & Wellness announced the MLA Review of Ambulance Service Delivery in May 2001. Objectives were to provide to the Ministers of Health and Wellness and Municipal Affairs options regarding future governance and delivery of ground ambulance services, and to recommend to the Minister of Human Resources and Employment a means by which Emergency Medical Services (EMS) could be deemed essential in legislation for labour relations purposes.

Based on an analysis of current issues and previous studies, a discussion paper requesting stakeholder feedback on critical topics was posted on the Health and Wellness Web site. The discussion paper was distributed to municipalities, ambulance operators, regional health authorities (RHAs), unions, MLAs, government departments, educational institutions and other stakeholders. The Review Team received 135 replies to the discussion paper leading to consultations with stakeholders and public meetings in Lethbridge, Calgary, Edmonton, and Grande Prairie. Over a period of three months, we conducted over 70 meetings in total and traveled 15,000 kilometres.

A summary regarding ambulance services in other jurisdictions, consultation summary, list of participants and discussion paper questions are contained in the appendix.

### Ambulance service is health care

Ambulance service (EMS) is health care.

The delivery of ground ambulance services has evolved over the years to meet the changing needs and expectations of Albertans. Technological advances, such as improved diagnostic equipment, and enhanced training of EMS practitioners have increased the level of care provided in some locations.

Ambulance service has become an integral component of a comprehensive health care system. More than just transportation, it is front-line health care – an important component of patient treatment. Highly trained professionals treat life-threatening conditions such as trauma injuries and cardiac disorders at the scene and during transport. While known generically as ambulance service, it is more accurately referred to as Emergency Medical Services (EMS).

### Pressures on the system

Different areas of the province receive different levels of service. Technological advances and a rapidly growing population (increasingly aging and urban) with high expectations are increasing pressure on municipalities, RHAs, operators, practitioners and the province to provide well coordinated and responsive services.

# II. THE CURRENT SITUATION

## Current Governance

Under the *Municipal Government Act*, municipalities have authority to establish ambulance services and determine the level of service they provide. They may establish a municipal ambulance operation - either separately or combined with their fire department – or they may contract with an RHA or a private company to provide ambulance services. Alberta's 125 ambulance operators serve nearly 400 municipalities, 17 RHAs and two provincial boards.

Alberta's 125 ambulance operators serve nearly 400 municipalities, 17 RHAs and two provincial boards.

Key legislation is the *Ambulance Services Act*. Other legislation affecting delivery of ambulance services includes: *the Health Disciplines Act*, the *Labour Relations Code*, and the *Regional Health Authorities Act*.

## Current Funding Structure

Ambulance service is not insured by Alberta Health and Wellness.

The current funding structure is complex, unwieldy, and lacks accountability. More than two-thirds of the funds come from fees for service. The charge to the patient varies considerably across the province ($200 - $2000) depending on the cost of the service, distance traveled, the amount of the municipal grant, and whether or not the patient is insured.

Ambulance operators with low call volumes are now financially squeezed to the point where they cannot guarantee availability of basic ambulance services.

Most municipalities allocate funds to operators to help ensure availability of service.

Annual expenditure for ambulance service is $106 million, generated through a combination of municipal contributions and fees for service. The province pays for services for seniors, widows and low-income Albertans on a fee for service basis; these programs are administered by Alberta Blue Cross. Through RHAs, the province pays for inter-facility patient transfers.

Other Albertans pay for ambulance services themselves or purchase insurance, perhaps as an employment benefit.

An additional $8.7 million per year is paid by the federal government and First Nations for 20,000 clients.

## Current Standards

### 1. Levels of Service

Ambulance service varies across Alberta. Densely populated areas often have excellent service while response times and levels of expertise vary in rural and remote areas.

The province does have legislation establishing certain standards for ambulance operators, EMS practitioners, and equipment used in ambulances.

Under the *Ambulance Services Act* each ambulance must have on board at least two practitioners registered with the Alberta College of Paramedics.

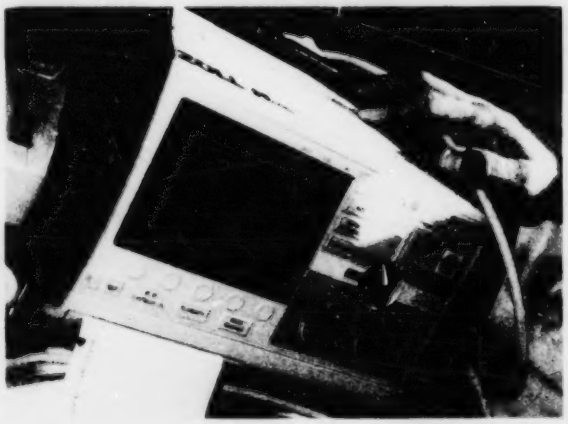
There are three recognized levels of service: EMR, BLS and ALS.

There are three recognized levels of service that are primarily determined by the qualifications of the practitioner.

**Emergency Medical Responder (EMR) – 200 hours training**
A basic level of introductory care, including providing oxygen, bandaging, administering CPR and using basic defibrillators.

**Basic Life Support (BLS) – At least one Emergency Medical Technician (EMT) - 800 hours training**
Services may include cardiac monitoring, providing intravenous therapy (IVs), and glucose testing.

**Advanced Life Support (ALS) – At least one Emergency Medical Technologist /Paramedic (Technician training plus 2,500 hours education)**
Paramedics may administer drugs, suture, apply external pacemakers, or perform advanced defibrillation and advanced airway procedures.



**2. Medical Direction**

The *Health Disciplines Act* requires that EMS practitioners work under a medical director who is a physician licensed by the College of Physicians and Surgeons. There are significant disparities in medical direction due to a lack of clearly defined roles for medical directors.

**3. Communications and Dispatching**

There are no standards for ambulance service communication systems or dispatching; therefore, there is a wide variance in the quality of communication, and qualifications of dispatchers.

Transfers between health care centres are arranged by the sending facility without knowledge of other transfers, resulting in less than optimum utilization of existing resources.

## Other EMS Practitioner Roles

There is a wide variation in effective use of EMS practitioners across the province.

There is a wide variation in effective use of EMS practitioners across the province.

For example, EMS practitioners working for a fire service may perform fire duties and related tasks, while in hospital-based systems more time is spent on medically related duties.

## Current Labour Relations

EMS labour relations are governed by the *Alberta Labour Relations Code*.

EMS labour relations are governed by the *Alberta Labour Relations Code*. Currently, most unionized EMS employees and their employers have the right to strike or lock out, but EMS employees and employers associated with approved hospitals and fire departments do not. (An 'approved' hospital is defined in the *Hospitals Act*).

Labour disputes in similar essential service areas (police, fire, and approved hospitals) are resolved without strike or lockout. These sectors resolve labour disputes through a compulsory arbitration process.

# III. REVIEW TEAM RECOMMENDATIONS

## RECOMMENDATION 1: Ambulance Service is Health Care

Municipalities have a strong historical commitment to providing ambulance service. Recognizing that ambulance service has evolved into an integral component of a comprehensive health care system, RHAs should be formally linked into governance of services. We recommend the Minister of Health and Wellness provide leadership in restructuring governance by creating formal partnerships between municipalities and RHAs.

## RECOMMENDATION 2: Emergency Medical Services (EMS) Board

Albertans expect ambulance service to be available when they need it. Delivery should not be restricted by municipal or RHA boundaries. It should be seamless. There must be a team approach to the shared responsibility for ambulance service.

We recommend the Province establish an Emergency Medical Services Board containing five districts aligning with existing municipal and RHA boundaries. Legislation would create a structure for municipal and RHA membership on the boards and establish accountability to the Minister of Health and Wellness. To provide local service in an appropriate and effective manner, EMS Districts would receive provincial funding from the EMS Board and municipal funding from within the district. EMS Districts would fund the delivery of ambulance services within their area.

The EMS Districts would be based on a combination of factors including current locations of operators, municipal and RHA boundaries. Subject to further consultation with stakeholders, we recommend the following for representation:

| EMS District | | Municipal Members | RHA Members | Total Membership |
|---|---|---|---|---|
| North | • Regions 11-17 | 12 | 7 | 19 |
| Capital | • Region 10 | 6 | 2 | 8 |
| Central | • Regions 6-9 | 12 | 4 | 16 |
| Calgary | • Region 4 | 6 | 2 | 8 |
| South | • Regions 1-3, 5 | 12 | 4 | 16 |

Through business plans and more formalized reporting structures, the EMS Board would create accountability where currently little exists.

EMS Districts would have municipal elected officials as voting representatives. Municipalities within an EMS District would choose their representatives.

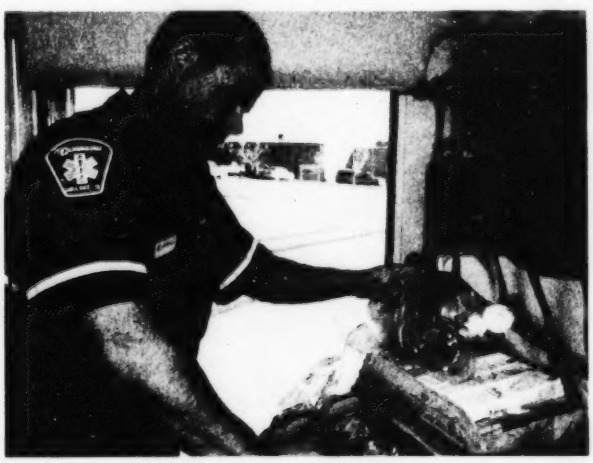
Regional Health Authorities are responsible for the provision of health services in a manner that is responsive to the needs of individuals and communities, and for supporting the integration of services and facilities in that region. RHAs would have voting representatives on EMS Districts.

EMS Districts would require additional non-voting members to provide expertise for planning and management, and may utilize existing resources in rural and urban municipalities and RHAs. These non-voting members would include a medical director and ambulance operator representatives.

## RECOMMENDATION 3: Preparedness Funding with a Provincial Fee

Health care must be available to Albertans when they need it. To achieve this goal, ambulance services need stable funding to budget for anticipated service levels, as opposed to the current situation where the service must be performed before payment is received.

To move toward a patient-focused system, we recommend preparedness funding to the EMS Board which would allocate funds in advance of billing. The preparedness grants would address issues such as outstanding accounts, billing of seniors, and facilitate implementation of the recommendations in this report.



Ambulance service is not insured by Alberta Health and Wellness. Ambulance bills should be equalized across the province. We recommend the maximum charge for an ambulance service be set at $200. To partially finance this uninsured service, health care premiums should increase by five per cent ($2 per month for single Albertans; $4 per month for families).

Rather than each ambulance operator billing the user, the EMS Board would collect the revenue for re-investment into the system. These funds would help offset the growing financial pressures faced by municipalities.

The actual cost of providing ambulance service to one patient currently averages $550. In the future the bill to patients not covered by government programs would not exceed $200. Rural patients would see distance charges eliminated. Payment for 'treat and release' ambulance services provided with appropriate medical direction would be the same as for patients who are transported. This would assist in relieving congestion in hospital emergency rooms. Out-of-province users would be charged an additional $500 per trip.

## RECOMMENDATION 4: Resolution of Labour Disputes in the EMS Sector

We recommend that the Province amend the *Labour Relations Code* so that the Code's compulsory arbitration provisions outlined in Section 94(1) also apply to EMS personnel and their employers.

## RECOMMENDATION 5: EMS Practitioner Roles

We strongly believe that EMS practitioners currently have training and skills to complement those of other health providers. We recommend utilizing EMS practitioners in areas such as emergency rooms, public health programs, and long-term care facilities, where appropriate. These placements would ensure EMS practitioners continue to maintain their skills, assist staff in health centres by easing resource pressures, and aid in the practical training of new EMS personnel.

## RECOMMENDATION 6: Minimum Level of Service – Basic Life Support (BLS)

We commend the evolution of ambulance service toward Basic Life Support and recommend that BLS now become the minimum level in Alberta.

The Minister of Health and Wellness may permit the operation of a lower level of service in exceptional cases only. The EMR level would be considered a first response, and agreements for backup must be in place so patients have access to a minimum BLS level as soon as reasonable.

EMS Districts must also ensure their residents have reasonable access to Advanced Life Support.

## RECOMMENDATION 7: Transportation Co-ordination

The Review Team recommends standards detailing transportation of inter-hospital transfer patients not requiring ambulances, standards for ambulance dispatch centres, a provincial dispatch centre to co-ordinate the transfer of patients between regions, and a provincial radio and global positioning system.

## RECOMMENDATION 8: Medical Direction & Practitioner Competency

Training, utilization and medical direction of EMS practitioners should be clearly developed and defined. We recommend establishing clear professional roles (with remuneration recommendations) for a Provincial Medical Director and regional medical directors, standardizing regional medical protocols, expanding training grants for practitioners, and establishing benchmarks to be measured through a restructured information technology system for ambulance reporting.

## RECOMMENDATION 9: Transition Task Force

We recommend the Minister of Health and Wellness appoint an MLA-led transition task force with municipal and RHA representatives that would ensure stakeholders implement the recommendations in this report.

# IV. CONCLUSIONS

Health care begins with dialing 911.

We feel the Minister of Health & Wellness should promote ambulance services and provide leadership to ensure all Albertans receive quality care and treatment.

Albertans need and deserve an equitable system, and though municipal officials have historically provided the best service possible, they indicated that it is not financially feasible to continue under present funding and governing structures.

Under our proposal, seniors could be reassured they would not face unexpected additional charges for ambulance services, and instead of facing the loss of services in many cases, rural Albertans would see improved access.

We appreciate that these recommendations represent a fundamental reorganization of ambulance service delivery. We are proposing a province-wide governance structure where currently this does not exist.

We have attempted to strike a balance between guaranteeing quality service for all Albertans while keeping costs down.

# V. APPENDICES

## Appendix A. AMBULANCE SERVICES IN OTHER JURISDICTIONS

### Canada

**1. Governance**

The British Columbia government is responsible for ambulance service. Health authorities and the province share responsibility for ambulance service in Quebec, New Brunswick and Newfoundland, and function as an extension of the health care system. Manitoba is introducing legislation to move responsibility to regional health boards, similar to Saskatchewan. Nova Scotia and P.E.I. contract private-for-profit companies, and in Ontario municipalities have recently taken over authority from the province.

In all provinces there is a provincial government body that enforces standards.

**2. Funding**

Canadians subsidize ambulance services through provincial and municipal taxes and user fees. The total reported cost for ambulance service ranges from $30 to $45 per capita; Alberta's cost is $37. Alberta and Manitoba are the only provinces that contribute less than 50 per cent of the total cost of the system.

**3. Fees**

Partial funding is provided through fee for service in all provinces. The fees vary from $30 – $2000 and may depend on residential status, insurance coverage, level of service provided, medical necessity, and distance. For example, Ontario's regulated fee for service is a $45 co-payment per trip if it is medically necessary ($240 if considered non-essential), while in B.C. the fee is $54 plus distance to a maximum of $274 per trip.

Local authorities in Saskatchewan and Manitoba establish fees, and both provinces have identified problems similar to Alberta with sustainability and equity of access.

**Other Jurisdictions**

In the United States, standards for ambulance services and qualifications of EMS practitioners vary in each state. Ambulance operators bill patients for services rendered based on the level of service, amount of equipment used and distance traveled.

In Australia, four major ambulance companies utilize several payment programs to cover costs. Australia is examining its system as response times and quality of care have declined.

Most services in New Zealand are provided by non-profit community-based organizations. Services are free for accident and inter-hospital transfers; others pay through user fees and ambulance subscription schemes. User fees cover part of the cost and range from $45 to $69; charges for non-resident emergency patients are about $400 per trip. All capital funding comes from community fundraising and donations.

There are no benchmarks for governance and funding, and no one system stood out as a model of efficiency.

# Appendix B. CONSULTATION SUMMARY

This section contains a summary of feedback to the discussion paper and concerns raised in meetings.

We heard that governance, funding and establishing standards were major issues that need to be addressed provincially. Also stressed was the desire to maintain local autonomy in the delivery of services.

## 1. Governance

- Stakeholders pointed to the need for governing partnerships among municipalities, RHAs and operators.
- Most RHAs indicated they do not want to manage ambulance services, however they do want input into service delivery.
- Most municipalities want to continue to manage ambulance services as they feel they are in the best position to meet municipal taxpayers' expectations and needs.
- Overall, the Review Team was told that the effectiveness of ambulance services depends on co-operation among municipalities, and between municipalities and RHAs.
- Some RHA and municipal stakeholders are not represented in current ambulance governance structures, which contributes to uneven service across Alberta.

## 2. Funding of ambulance services

Nearly all stakeholders expressed concerns about the current funding structure.

- Municipalities stressed the need for sustainable and appropriate provincial funding of ambulance services.
- Municipalities indicated that unless the province provides grant funding for ambulance services, they may discontinue providing ambulance service.
- Ambulance operators face considerable financial pressure due to unpaid bills.
- RHAs expressed concerns that numbers of patient transfers and associated costs are increasing and unmanageable.
- Current fee for service funding makes it difficult to prepare appropriate personnel and resources in order to provide ambulance services. Preparedness funding is needed.
- Some municipalities and operators suggested RHAs should supply materials such as drugs and linen at no charge.

- Ambulance operators said BLS funding should be provided provincially and take into account remoteness, population demographics, and call volume.
- There was a wide range of opinion on user fees. Some suggested eliminating them altogether, while others cited the need to maintain a fee as a deterrent to abuse.
- Most operators suggested clients who are currently covered under government programs (such as seniors and low-income earners) should not receive ambulance invoices.

### 3. Patient access, levels of service, medical direction, and communication

#### Patient Access

- Albertans have high expectations for ambulance services. EMS is seen as being on the front-line in saving lives and reliable ambulance service is essential.
- EMS workers provide an exemplary service, but training and practitioner competency is not consistent across the province.
- Some operators suggested 30 per cent of patients using the system did not have to be transported to a hospital.

#### Level of Service

- Many felt BLS should be the standard across the province, although a number of stakeholders indicated ALS should be more focussed in rural areas.
- Although it is not reasonable to expect all patients in Alberta to be transported by ALS ambulances, access to ALS should be co-ordinated.
- Rural respondents said the level of service in Alberta should not be dependent on whether you live in a rural or urban area.

#### Medical Direction

- The quality of and the payment for medical direction vary considerably.
- Benchmarks and a new reporting system are required.
- We were told that while some physicians are actively involved in direction and training others are not.
- Some recommended a provincial medical director to act as a resource to other medical directors.

#### Transfers

- Not all patients being transferred between facilities need advanced EMS care, but under the existing system, this unnecessary expense is sometimes incurred.

- Patients who are the responsibility of the mental health and cancer boards need to be included in planning for ambulance services.
- Provincial guidelines should be established so alternate transportation might be provided for non-emergent transports.

**Communications**

- Not all operators have medically trained dispatchers.
- RHAs indicated that innovations such as the Critical Care Line and the Rapid Access Line improve consultation between physicians and streamline patient transfers, but more efficiencies are necessary.
- RHAs were concerned about lack of coordination of transfers.
- Operators indicated the provincial ambulance radio frequency is outdated resulting in a lack of effective communication. Some indicated that the use of global positioning systems improves patient access, co-ordination and practitioner safety.

## 4. Other EMS Practitioner Roles

- Informal working arrangements exist. For example, some EMS practitioners treat patients in emergency rooms, while elsewhere paramedics work side by side with public health nurses, providing meningitis immunizations to children and influenza vaccinations to seniors.
- In some areas, practitioners teach injury prevention; in others, they are involved in fire prevention and inspection activities.
- Some practitioners would like the opportunity to work at health care facilities to keep their skills current.

## 5. Ensuring that EMS disputes are resolved without workplace disruption

- Almost all stakeholders agree that EMS is an essential service. They feel future labour disputes in this area should not jeopardize the safety and well-being of Albertans.
- Most stakeholders indicated that labour disputes in this sector should not be resolved by strike or lockout. Many expressed a preference for some form of compulsory arbitration.
- Union stakeholders told us they do not want to lose the right to strike. However, some unions acknowledge the need for regulating strike and lockout activity in the EMS sector.

# Appendix C. PARTICIPANTS IN THE REVIEW

**Ambulance Operators**

Aeromedical EMS
Airdrie Emergency Services
Alberta Med-E-Vac Inc.
Associated Ambulance
Barrhead Ambulance Service
Bashaw & District Ambulance Authority
Beaver Ambulance Society
Bigstone Medical Transport Ltd.
Blood Tribe Emergency Services
Brooks & District Ambulance Association
City of Calgary EMS Department
Camrose EMS
Canmore Emergency Services
Cardston County Emergency Service
Caroline District Volunteer Ambulance
Central Peace Ambulance Service
Chinook Emergency Service Ltd.
Coaldale & District Emergency Services
Cold Lake Ambulance Society
Crowsnest Pass EMS
East Central Ambulance
Eckville & District Ambulance Service
Edmonton – Emergency Response Department
Fairview & District Ambulance
Flagstaff County EMS
Foothills Regional Emergency Services Commission
Fort McMurray Fire Department
Fox Creek EMS
Grande Cache Ambulance Service
Grande Prairie Regional EMS
Guardian Ambulance Ltd.
Hanna & District Ambulance
High Prairie Regional Health Complex - Ambulance
Hinton EMS
Inter-Hospital Ambulance Service
Kneehill Ambulance Service
La Crete Ambulance Society
Lac La Biche Regional EMS
Lacombe Municipal Ambulance
Lethbridge Fire Department
Magrath & District Ambulance
Medicine Hat Ambulance Service
Medi-Care Ambulance Service
Milk River & District Ambulance Service
Mountain View Regional Emergency Services
Nakoda Ambulance Service
Parkland Ambulance Authority
Peace Hills EMS
Peace Regional EMS
Picture Butte Ambulance
Pincher Creek Emergency Services
Prairie EMS
Provost & District Ambulance Society
Rainbow Lake Fire Department
Red Deer Emergency Services
St. Albert Fire Department
St. Paul & District Ambulance Service
Slave Lake Ambulance Service
Smoky River Ambulance Service
Specialty Medical Services Ltd.
Stettler District Ambulance Association
Strathcona County Emergency Services
Taber Fire Department
Vauxhall Volunteer Ambulance Service
Vermilion Valley Ambulance Ltd.
Vulcan & District EMS
Wainwright & District Ambulance
Westlock Regional Ambulance
Wheatland & Adjacent Districts EMS

**Associations**

Alberta Ambulance Operators Association
Alberta Association of Municipal Districts & Counties
Alberta Association of Registered Nurses
Alberta College of Paramedics
Alberta Urban Municipalities Association
Health Disciplines Board

**Educational Institutions**

Augustana University
Grant MacEwan College
Northern Alberta Institute of Technology
Portage College
Professional Medical Associates
Southern Alberta Institute of Technology

**Regional Health Authorities / Boards**

Alberta Cancer Board
Alberta Mental Health Board
Calgary Health Region
Capital Health Authority
Chinook Health Region
Crossroads Regional Health Authority
David Thompson Health Region
East Central Health Authority
Headwaters Health Region
Health Authority 5
Health Authority Legislative Review Steering Committee
Keeweetinok Lakes Health Region
Lakeland Regional Health Authority
Mistahia Health Region
Northern Lights Regional Health Authority
Northwestern Health Services Region
Palliser Health Authority
Peace Health Region
Provincial Health Authorities Association
West View Regional Health Authority

**Labour Organizations**

Alberta Federation of Labour
Alberta Union of Provincial Employees
Canadian Union of Public Employees
Health Sciences Association of Alberta
International Association of Firefighters
United Nurses of Alberta

**Municipalities**

*Counties*

County of Barrhead No. 11
County of Camrose No. 22
Clearwater County
Cypress County
Flagstaff County
Lac Ste. Anne County
Lacombe County
Leduc County
County of Minburn No. 27
County of Newell No. 4
Parkland County
Red Deer County
County of Stettler No. 6
Strathcona County
County of Warner No. 5
County of Wetaskiwin No. 10
Woodlands County
Yellowhead County

*Municipal Districts*

Municipal District of Brazeau No. 77
Municipal District of East Peace No. 131
Municipal District of Mackenzie No. 23
Municipal District of Peace No. 135
Municipal District of Provost
Municipal District of Taber

*Cities*

City of Calgary
City of Cold Lake
City of Edmonton
City of Fort Saskatchewan
City of Grande Prairie
City of Lethbridge
City of Red Deer

*Towns*

Town of Cardston
Town of Coaldale
Town of Coalhurst
Town of Cochrane
Town of Devon
Town of Gibbons
Town of High Level
Town of Lacombe
Town of Legal
Town of Manning
Town of Peace River
Town of Pincher Creek
Town of Smoky Lake
Town of Stettler
Town of Swan Hills
Town of Tofield
Town of Vauxhall
Town of Vegreville

*Villages*

Village of Beiseker
Village of Breton
Village of Holden
Village of Mirror
Village of Onoway
Village of Wabamun
Village of Willingdon

**Others**

Ambulance Advisory & Appeal Board
Bethany Harvest Hills (Staff)
Health Canada
Eckville EMS Workers
New Democrat Opposition
Nine individual submissions

## Appendix D. DISCUSSION PAPER QUESTIONS

1. What is the best governance model for ensuring delivery of effective ground ambulance services?
   - Should municipalities continue to be responsible for the delivery of Emergency Medical Services?
   - If not, who should be responsible for delivering ambulance services?
2. What ideas do you have to address issues relating to:
   - Levels of service
   - Patient access
   - Medical direction
   - Communication systems and dispatching?
3. What improvements can be made to existing Emergency Medical Service (EMS) systems to ensure the skills and expertise offered by ambulance attendants as well as other resources are used most effectively?
4. In the future, how should ambulance services be funded?
   - What criteria should be used to establish the Minister's rate for ground ambulance services?
   - Should ambulance operators be allowed to charge additional fees to clients of government-sponsored programs, i.e., seniors?
   - Should there be a standard user fee for ground ambulance services for all Albertans?
5. What approach should be adopted to ensure that EMS disputes are resolved without workplace disruptions?